



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5553

SERIAL NUMBER 10/632,796	FILING DATE 08/04/2003 RULE	CLASS 347	GROUP ART UNIT 2861	ATTORNEY DOCKET NO. 053933-5053
-----------------------------	---------------------------------------	--------------	------------------------	---------------------------------------

APPLICANTS

Jong-Su Yi, Kyunggi-Do, KOREA, REPUBLIC OF;

Sang-Kyeong Yun, Kyunggi-Do, KOREA, REPUBLIC OF;

** CONTINUING DATA ***** None HCP

** FOREIGN APPLICATIONS ***** 93 HCP
 REPUBLIC OF KOREA 2003-27673 04/30/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/31/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>Harold HCP</i> Initials: <i>HCP</i>	STATE OR COUNTRY KOREA, REPUBLIC OF	SHEETS DRAWING 12	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------	-------------------------	-----------------------	----------------------------

ADDRESS

009629
 MORGAN LEWIS & BOCKIUS LLP
 1111 PENNSYLVANIA AVENUE NW
 WASHINGTON, DC
 20004

TITLE

Light beam scanning apparatus

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
------------	------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------

RECEIVED 1066	No. _____ for following:	<table border="1"><tr><td data-bbox="1023 121 1481 189"><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td data-bbox="1023 189 1481 241"><input type="checkbox"/> Other _____</td></tr><tr><td data-bbox="1023 241 1481 304"><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> 1.18 Fees (Issue)					
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Credit					